## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) V54577 USA UNITED SERVICE AGENCY, INC. Principal Place of Business Mailing Address 1822 DREW ST. 1822 DREW ST. SUITE 5 SUITE 5 DO NOT WRITE IN THIS SPACE CLEARWATER FL 34625 CLEARWATER FL 34625 3. Date Incorporated or Qualified 08/03/1992 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For Not Applicable 21 59-3132706 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional  $\mathbf{Z}$ 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent METZ, ROBERT J. 1822 DREW ST. Street Address (P.O. Box Number is Not Acceptable) **B2** SUITE 5 83 **CLEARWATER FL 34625** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ŠDT DELETE Change Addition TITLE 1.5 THUE METZ, ROBERT J. NAME 1.2 NAME 1822 DREW ST., STE. 5 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **SEIBERTH, SHARRON L.** NAME 2.2 NAME 1822 DREW STREET, SUITE 5 STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME METZ. ROBERT 3.2 NAME 1822 DREW ST., #5 STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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**FILED**